

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AB	6313010	4/25
O.I.P.E. CLASSIFIER		FCU36	65122107
FORMALITY REVIEW	WD		
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

Rejected	N
Allowed	I
Canceled	A
Restricted	O

(Through numeral)

Claim	Final	Original	Date
1	10	20	1/27/82
2	11	21	1/27/82
3	12	22	1/27/82
4	13	23	1/27/82
5	14	24	1/27/82
6	15	25	1/27/82
7	16	26	1/27/82
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If more than 150 claims or 10 actions
staple additional sheet here

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